

MONTANA BOARD OF NURSING
P. O. Box 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406) 841-2345 or 841-2397 FAX (406) 841-2305
E-MAIL: dlibsdnur@mt.gov WEBSITE: www.nurse.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 10 days for processing from the date that the Board has a complete routine application.)

NURSES ARE NOT PERMITTED TO PRACTICE MEDICINE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE

LICENSURE BY EXAMINATION REQUIREMENTS

NEW U.S. NURSING SCHOOL GRADUATES:

- All new nursing school graduate candidates desiring to take the licensing examination for registered nursing or practical nursing **shall make application for licensure to the board on a form provided by the board and must apply for the examination to the national council licensing examinations (NCLEX) on a form distributed by the board as provided by the national council of state boards of nursing or you can register on-line with Pearson Vue at www.pearsonvue.com/nclex .**
- Applicants shall have completed all educational requirements of the program and all credentials shall be received in the board office prior to being made eligible to test. The transcripts need to be sent directly from your nursing school to the Board office. [37-8-405 and 37-8-415 MCA]
- If an applicant wishes to receive a temporary permit, he/she must submit a completed temporary permit application (enclosed with the application packet) along with a sworn statement form from a Registered Nurse supervisor for whom the applicant plans to work as a nurse. The cost of a temporary permit is an additional \$25.00. **The applicant MUST register with Pearson Vue to take the NCLEX before an approved temporary permit will be issued.**
- A valid Social Security Number is required to submit a completed application. Applications will not be accepted without a valid Social Security Number.

NEW FOREIGN NURSING SCHOOL GRADUATES:

- All candidates desiring to take the licensing examination for registered nursing or practical nursing **shall make application for licensure to the board on a form provided by the board and must apply for the examination to the national council licensing examinations (NCLEX) on a form distributed by the board as provided by the national council of state boards of nursing or you can register on-line with Pearson Vue at www.pearsonvue.com/nclex .**
- Temporary permits will **NOT** be issued to foreign nursing school graduates.

- Applicants shall have completed all educational requirements of the program. The transcripts need to be sent directly from your nursing school to the Board office. [37-8-405 and 37-8-415 MCA]
- A valid Social Security Number is required to submit a completed application. Applications will not be accepted without a valid Social Security Number. Please provide a copy of your Social Security card with your application.
- CGFNS (Commission on Graduates of Foreign Nursing Schools) screening examination certificate. We will need the CES (Credentialing Evaluation Service for Health Care Professional Science course by course report). CGFNS can be contacted at www.cgfns.com , or: 3600 Market Street, Suite 400 Philadelphia, PA 19104-2651 USA Applicant Inquiries: (215) 349-8767 E-mail: info@cgfns.org.
- Verification of licensure from your country.
- **For foreign LPN applicants only**, please also provide TOEFL (Test of English as a Foreign Language) scores. The passing score is 197. TOEFL can be contacted at: P.O. Box 6181 Princeton, NJ 08541-6451 Phone: 1-800-468-6335 Website: www.ets.org/toefl Please use code number **8742** for the score recipient so we receive an official copy from TOEFL.
- **For those RN/LPN graduates who have attended schooling in Australia, Canada (except Quebec), Ireland, New Zealand, Tobago, Trinidad, or the United Kingdom**, please provide the following:
 - Copy of your social security card.
 - Copy of your nursing school transcripts sent directly from the school to the Board office
 - Verification of licensure from your country.
 - All Canadian nurses are required to provide proof of successful completion of CNAT's exam.

NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS.

RE-EXAMINATION - REGISTERED NURSE AND PRACTICAL NURSE

- Candidates who fail the licensing examination will be permitted to retake the examination after 45 days. A new application and fees must be submitted to the Montana Board of Nursing as well as registering with Pearson Vue to take the NCLEX. A candidate may retake the examination one time. If a candidate does not pass the retake, the candidate will be required to present a plan of study to the board before becoming eligible to take the examination again. A candidate may take the test a maximum of five times in three years. If a candidate does not pass the examination within three years, the individual will be required to complete a school of nursing program before being able to test a sixth time.
- Candidates who have failed the NCLEX are not eligible for temporary permits.

FEES

\$ 100.00 –	Exam Application Fee
\$ 25.00 –	Temporary Permit Fee (U.S. Graduates only.)
\$ 100.00 –	Re-Exam Application Fee

****Can be paid by check, money order, VISA/MasterCard or e-check. Make check or money order payable to the Montana Board of Nursing****

The Board retains the application fee if your application is withdrawn or denied. The fee must be included with the application to ensure processing.

PHOTOS Attach one photo to the application. Passport size is preferable.

APPLICATION PROCEDURES

- ◆ When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required.
- ◆ If the completed application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.
- ◆ You will need to register with Pearson Vue to take the NCLEX. You can register with them at www.pearsonvue.com/nclex.
- ◆ The National Council of State Boards of Nursing panel of content experts sets the passing score. The examination score will be reported to the applicant as pass or fail. Candidates shall be notified, in writing and by email (if provided), regarding the examination results. Candidates who pass shall receive the results of the examination and a license to practice as a registered or practical nurse. Candidates who fail shall receive the results of the examination and are not eligible to re-test for 45 days. Individual results of the examination shall not be released to anyone unless the candidate in writing authorizes the release. The candidate's examination results will be maintained in his/her application file in the Bureau of Health Care Licensing, Department of Labor and Industry.
- ◆ All verifications of licensure must be sent directly from each state board or country (if that state does not participate with the NURSUS license verification database) in which the applicant was originally licensed or has held a current license in the past two years. NURSUS can be contacted at www.nursus.com. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications. Contact each state board prior to sending the request.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.
- ◆ **Faxed copies** of the application, verification(s), or transcripts will **NOT** be accepted. We must have the original documents sent directly to our office.

PROCESSING PROCEDURES

- ◆ Once a routine application is complete, the application takes up to 10 days to process from the time all necessary information is received in the Board office.
- ◆ The applicant will be notified in writing or by email of any deficient or missing items from the application file.
- ◆ Once a completed routine application is processed and approved, a permanent license will be issued.

OTHER IMPORTANT POINTS

Non-Routine Applications

If your application is determined by board staff to be a 'non-routine' application, you may not qualify for a temporary permit. Non-routine applications include those who have had previous or current licensure discipline or indicate previous or current applicable legal actions. It is critical to your initial and continuing licensure to be completely forthright regarding each question on the application. You must submit the court or Board documents and findings.

Valid Period for Temporary Permits

A temporary permit is **valid for a period not to exceed 90 days unless specifically approved by the full board. Two events will inactivate this permit:**

- 1) Issuance of an Active Montana Nursing License based upon successful completion of the NCLEX licensing examination and completion of all licensing application requirements
- 2) Notification of unsuccessful completion of the NCLEX licensing examination

You must register with Pearson Vue to take the NCLEX, before a temporary permit, when approved, will be issued. You can register with them at www.pearsonvue.com/nclex .

Temporary Permit Supervision Requirement

The nurse working with a temporary permit must do so under the supervision of a registered nurse, physician, dentist, osteopath or podiatrist, who is **on the premises** where the permittee is working and specifically assigned the responsibility of supervising the temporary work permittee.

Temporary work permits are sent to the applicant at his or her mailing address unless the applicant indicates differently in writing.

**ALL LICENSES EXPIRE ON 12/31 OF EVEN YEARS REGARDLESS OF THE YEAR OF ISSUANCE.
RENEWAL NOTICES ARE MAILED IN OCTOBER OF EVEN YEARS.
PLEASE READ YOUR PERMANENT LICENSES CLOSELY
FOR DATES AND ACCURACY OF INFORMATION!**

MANDATORY LICENSURE: According to Section 37-8-101 MCA Purpose. **To safeguard life and health, a person practicing or offering to practice professional nursing or practical nursing in this state shall be required to submit evidence that the person is qualified to practice and is licensed by the Board.**

For information with regard to the processing of this application or other concerns please contact the Board of Nursing staff at 406-841-2397 for endorsement applications, or 406-841-2345 for examination application, or email us at dlibsdnur@mt.gov.

**PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF NURSING
OUR WEBSITE: www.nurse.mt.gov**

16. List all professional licenses you hold or have held in the past two years. Verification must be sent directly to Montana from each state/province/territory/ country.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

17. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements. ☐ Yes ☐ No
18. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint; during an investigation or during disciplinary proceedings? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. ☐ Yes ☐ No
19. Has a complaint ever been made against you alleging unethical behavior, standard of care issues or unprofessional conduct? If yes, attach a detailed explanation. ☐ Yes ☐ No
20. Have you voluntarily or involuntarily surrendered any hospital privileges, health maintenance organization participation, Medicare/Medicaid privileges, or other privileges during a pending investigation, or in anticipation of an investigation, or had such privileges reprimanded, denied, restricted, suspended, placed on probation, revoked or subjected to other sanction or action? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. ☐ Yes ☐ No
21. Has any legal or disciplinary action been filed against you, which relates to your propriety of, or your fitness to practice this profession (including malpractice, etc.)? If yes attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. ☐ Yes ☐ No
22. Have you ever voluntarily or involuntarily surrendered the privilege to prescribe or dispense any drug, including but not limited to controlled substances, or had such privileges investigated, denied, restricted, suspended, revoked or otherwise modified by any governmental agency, including but not limited to the Drug Enforcement Administration, any state licensing or disciplinary court or other entity? If yes, attach a detailed explanation. ☐ Yes ☐ No
23. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No
24. Do you have criminal charges pending or have ever plead guilty, forfeited bond, or been convicted of a crime (including plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines of less than \$100 and (2) charges or convictions prior to your 16th birthday. If yes, please attach a detailed explanation. ☐ Yes ☐ No
25. Have you any physical or mental condition which may have or has adversely affected your ability to practice this profession, including but not limited to a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No
26. Have you used alcohol or any other mood-altering substance in a manner which may have or has adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No

27. PROFESSIONAL EDUCATION:

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Nursing.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, _____ at

City/State

Signature of Notary Public

SEAL

Notary Public Printed Name

For the State of

My commission expires _____, _____.

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TEMPORARY PERMIT APPLICATION AS:

☐ **Registered Nurse** **OR** ☐ **Practical Nurse** **(Please check the correct box.)**

Montana Employer Sworn Statement Under Penalty of Perjury

PLEASE PRINT OR TYPE

I, _____ am supervisor of _____ with
RN Supervisor Name Applicant

_____ located at
Business Name

_____ ,
Street City State Zip

Phone Number: _____ Extension: _____

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Print RN Supervisor Name & Title: _____

RN Supervisor License Number: _____

RN Supervisor Signature: _____

Date: _____

The Applicant and the Board thank you for your assistance.

VERIFICATION OF LICENSURE
(THIS IS NOT AN ENDORSEMENT CERTIFICATION)

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

I am applying for a license to practice Nursing in the State of Montana and the Nursing Board requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF Nursing, 301 SOUTH PARK, 4TH FLOOR, P. O. BOX 200513, HELENA, MT 59620-0513.** Your early response is appreciated.

Signature of Applicant Name: _____ (Please print)

Address: _____

My License Number is: _____ State Board: _____ License Type: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF NURSING

LICENSE INFORMATION

Jurisdiction	License type	License Number	Date of licensure	Expiration date	License Status	Basis of Licensure	Date of Initial Licensure

EDUCATION INFORMATION

School Name	Graduation date	Program Code	Degree	City	State

EXAM INFORMATION

Exam Date	Exam Type	Expiration	Attempt #

Has license been suspended, revoked, placed on probation or otherwise disciplined? _____

If YES, explain and attach documentation. _____

Has licensee ever been requested to appear before your Board? _____

If YES, explain _____

Derogatory information, if any _____

Comments, if any _____

Signed: _____

Title: _____

BOARD SEAL

State Board: _____

Date: _____

